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SMALL-POX.

BY JOHN FEARN, M. D., OAKLAND, CAL.

I HAVE several times been requested by Dr. Webster to write an article for the JOURNAL on the subject of small-pox, and would have done so last month, but was too busy.

I shall not attempt to give a concise history of this disease or its treatment—this has been done *ad nauseam* by medical writers, and I have sometimes been tempted to think that men who had never seen a case could write the most fluently on the subject. At this time I shall merely call attention to some points connected with the disease and its treatment, as these points appear to me.

First—With regard to the contagiousness of the disease—I think that scarlet fever, diphtheria, and measles are each of them more contagious. For over twenty years in successive epidemics, my observations have led me to the conclusion that many persons are exposed to the disease where one will take it. This has been notably the case in the present outbreak. To put it in another form: I have said for years if small-pox is

not in the blood it cannot come out, no matter how you may be exposed. There can be no doubt that we take into our systems the germs of disease in untold numbers every day, but as long as the *vis medicatrix naturæ*—the healing or preserving power of nature—is in full force these germs are so taken care of that their power for harm is entirely destroyed. When the contagium or virus of small-pox is taken into the system, they must find small-pox pabulum to feed upon or they cannot produce small-pox. In short, in my opinion, good health is the best protection against disease of any kind, and in so far as we depart from the standard of health we are liable to fall a victim to disease.

Second—With regard to the ease with which the disease is diagnosed—one would think, from reading the books, that it would be the easiest thing in the world to diagnose a case of small-pox. So it would, if each case were a typical case, having all the symptoms laid down in the books, but the trouble is there is as great a diversity in this disease as any other. I have seen a case of small-pox in which the prodromal fever yielded entirely to simple remedies, and the patient was sure she was well. When the eruption appeared, and for several days after, it partook of the characteristics of chicken-pox; so much so that two experienced physicians both declared it to be chicken-pox. After this the pox filled up suddenly and proved to be a genuine case of small-pox. During the present epidemic we have had in this city cases which puzzled physicians and gave rise to differences of opinion as to the disease. When we consider the importance of early isolation in this disease, and how easily we may be mistaken, we see that it is necessary for us to be on the alert, and take into consideration every circumstance which will help us in a correct diagnosis. A little time ago I was called to see a young man in a lodging-house. He had no definite symptoms of the disease, but when I found where he had been working—a place where he would be exposed to small-pox contagium—I was suspicious that he might be coming down with small-pox. I had him isolated, and in two days' time my suspicions were justified, and the young man was removed. If small-pox is around, and you are called to a patient with fever, severe headache, in-

tense pain in the lumbar region, look out, there you may have small-pox.

Third—Treatment—as to the general treatment I have no need to say much. A good eclectic physician finds no trouble as a rule. If we use our sedatives, eliminatives, antiseptics, and antizymotics according to the principles of specific medication, we shall succeed. I will call attention directly to only one drug, that is leptandrin. In many cases the bowels are constipated, the tongue markedly white. To give active cathartics here would be to interfere with nature's efforts in throwing the disease on the surface. During the period of eruption then, give leptandrin in 1 gr. doses, three or four times a day—let it be well triturated with sugar. This will remove fecal accumulations, and will thoroughly cleanse and tone up the whole digestive track. Mind you, I do not object to a good laxative administered early, before the eruptive stage. Outside of drugs, I know of no remedy that will do so much for the small-pox patient as baths, and after one good hot bath with plenty of soap, the bath *par excellence* is the alcoholic vapor bath, and if I were attending a patient coming down with small-pox, I would have such a bath administered every day till the eruption was well out. Some medical writers are afraid of giving even a stimulating diaphoretic tea; they have an idea it will make the disease worse. I know to the contrary that it will wonderfully modify the disease. What does it do? By that great eliminating organ, the skin, it throws the *materies morbi* out of the system so that there is but little small-pox pabulum left for the disease to fatten upon. By this determination to the surface it relieves internal congestion and leaves nature free to do her sanitary work; so that the disease, so far as eruption is concerned, is to a certain extent aborted.

For a period of six or eight years it was my privilege to be directed in my studies and practice by one who for thirty years had in different epidemics a large experience with this disease. His success was phenomenal, and his aim was to help the determining powers to the surface by baths, etc., at the same time keeping the stomach in good condition. A word with regard to the virulence of the disease.—

Some seem to think that bad cases arise from (to coin a word) an intensified contagium; the light cases from a weaker contagium. I do not agree with this. I believe that careful study will show that the bad cases arise where the condition of the patient is bad. Several cases, in one house, were under my own observation. One patient had been ailing for a long time. In his case there was considerable suffering. The other patients were in fair health. They took the disease, but were up, about, and happy all the time. Another case, an intelligent friend of mine, had been exposed to small-pox. He was engaged on board a large ocean steamer, which left port soon after his exposure, and though in good health, he at once began to pursue a course of treatment with medicine, and otherwise looking towards putting himself in the best condition. The disease developed a crop of pustules, coming out on the scalp, a few on the chest, none elsewhere. At this time he thought he needed a laxative. He went to the ship's surgeon and asked for the laxative, and told the doctor what was the matter. The doctor could not believe it, but on careful examination of the pustules he found it was so. All this while the man had attended to his duties, and was still able to do so. But the doctor, very wisely for the safety of the other people on board, confined the man in the hospital. Another of that crew—not in good health, and not pursuing these precautionary methods—had the disease in its worst form. Space forbids our pursuing this matter further.

Fourth—Feeding. Many writers, and some whom we would think ought to know better, are afraid of the patient taking food. Feed them, say they, on broths, gruels, etc., etc. *Bosh!* feed a horse on wind.

Let it be the effort of the physician to keep the digestive track in the best possible condition for the reception and digestion of food, and then let him be well and carefully fed. When we think of the amount of morbid material thrown off by the system in this disease we ought certainly to see the reasonableness of giving plenty of good food out of which to make good reconstructive material for the depleted body—and if the bathing and leptandrin, with other eclectic adjuncts, have been attended

to, good, wholesome food, animal and vegetable, will be called for and enjoyed. But what about the secondary fever, when the pox have ripened, and poison is being absorbed? My answer is: If there should be any secondary fever, I would be careful about feeding then. But I will say further that if the case has been treated as above set forth there will be but little secondary fever, and less absorption of poison.

Fifth—Localizing the eruption. This can certainly be done to a considerable extent. For other reasons than pitting, it is desirable to limit the eruption as much as possible on the face. Let me illustrate: At the time I had the disease, when coming down, my back was so lame that to relieve it I had it bathed with a "Co. Capsicum" liniment. Capsicum always gives rise to severe dermal irritation in my case. But I knew it would relieve the pain. It did so. The irritation following was very severe, and when the eruption came out, all that portion of the back where the liniment had been applied—and it was the largest portion—was covered with large pox as close as they could be packed. The other portion of the body had the eruption only scattering. It was very painful, lying on such a back, and another time I should certainly try to have it in a more convenient place. But suffice it to say, to a very large extent, by the application of irritants to the skin, the eruption can be localized.

Sixth—Prevention of pitting. Can this be done? To this I would answer that a physician who has more than the smallest percentage of his cases pitted ought to retire from the treatment of this disease.

What is the cause of this pitting? The most general cause is that the intolerable itching gives rise to an almost uncontrollable, desire to scratch, asleep or awake. I reasoned the thing out to my own satisfaction, years ago, thus: We do not find people pitted on the body under the clothing, but the face and other exposed portions that come in contact with the atmosphere. Now, if you protect the parts from atmospheric contact, you can largely control this irritation and the desire to scratch. I accomplished it in this way: Take a piece of soft cotton cloth, size sufficient to cover the face; cut holes for the patient to see and

breathe through; let this cloth be moistened with water, medicated with glycerine, aconite, or carbolic acid to suit the case, and from time to time, apply the lotion with a feather. This, in my experience, works so nicely that it leaves nothing to be desired. You will have no need to tie the hands of even a baby, to prevent it from scratching. Some advise digging out the pits to prevent ulceration, and consequent destruction of tissue. In the case of a babe, about fourteen months old, a very large pox was situated on the bridge of the nose. I saw Dr. Buckland pick off the top, mop up the fluid contents, and then touch the wound with a pine-stick dipped in carbolic acid. It filled up in the bottom, leaving no scar. The treatment briefly outlined above was carried out in five cases in one house. Not one of the five has a scar. It was such a success that the Health Officer remarked, "These eclectics know how to treat small-pox without leaving any scars behind." There is another thing I cannot refrain from stating: When the disease is treated as above, the smell accompanying this disease is almost entirely destroyed, and the disease is not the loathsome disease which the books state it to be, and which, without proper treatment and precaution, it certainly is. When patients can receive proper treatment and isolation in their own homes, it is a disease attended with very little fatality. But when, during the eruptive stages, they are taken out of their homes to hospitals, unless almost superhuman care is taken, many will chill and die—not of the disease merely, but from exposure. Isolation is of the utmost importance. Fumigation should not be neglected, as I have remarked before in the pages of this JOURNAL. I believe burning sulphur to be one of the safest and most efficient means we have; it seems to be death to the *contagium*.

In conclusion, let me say there is no disease known that is such a renovator of the system as this disease. In my own case it seemed to give me a new lease of life, and lead to a strength and vitality to which I had been a stranger for years. So much have I appreciated the physical benefit coming through this source, that when I called to see a friend—a physician, who, I heard, was sick with typhoid fever—I said to him: Why, man,

you have the small-pox, but I wish for your own good you had it ten times worse (it was a very light case). The doctor, appreciating my remarks, said in reply, "You are right; I believe it would be for my own good."

ANCIENT AND MODERN MEDICINE.*

BY JOHN W. H. WRIGHT, M. D.

MEDICINE has been used in all ages and physicians have endeavored to cure diseases by the use of remedies. Much superstition was united with the practice of medicine, and so much more was mere fable, that it is not easy to determine when the history of medicine really begins. It is generally admitted to have commenced with

ÆSCULAPIUS,

The renowned Greek physician. He was said to have been educated by Chiron, who taught him to cure dangerous diseases and even to raise the dead. Æsculapius was the son of Apollo and was worshiped by the ancient Greeks as a god of medicine. Temples were raised to him and votive tablets were hung up in them on which were recorded the diseases supposed to have been cured by him. His family for several generations followed the practice of medicine, as it was believed to be hereditary.

HIPPOCRATES,

The eighteenth lineal descendant of Æsculapius, was born about 406 B. C. On his mother's side he is said to have descended from Hercules, the god of strength.

Born with these advantages, and stimulated by the fame of his ancestors, he devoted himself zealously to the cultivation of the healing art and brought it to great perfection, which laid the foundation of a rational mode of treatment as a basis on which future methods could rest. Not satisfied with empirical practice, which was derived from his predecessors, he put himself under Herodicus to study other methods. He examined carefully and judged for himself and adopted those principles founded only on sound reason. He traveled much, reading at different places,

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and collecting valuable information everywhere. He was a close observer and acquired a high reputation among his countrymen, and his opinions have been respected not only in schools of medicine but in courts of law. He was well versed in pathology and his skill in therapeutics, with his knowledge of materia medica, caused him to be considered the father of medical science. His opinions still influence the healing art to a great degree. His philosophy was sound and of the highest order.

He inculcated "*virtue, integrity, and benevolence,*" and advocated simplicity and candor with unwearied zeal in discharging the duties to the sick, divulging no secrets pertaining to them and observing the strictest chastity. These principles were embodied in the form of an "oath" and his pupils were required to take it. It forms a splendid "code of ethics," which can never be excelled. Some of his theories were very peculiar. He supposed there were four humors in the *body*, viz.: blood, phlegm, yellow and black bile, having different degrees of heat or coldness, moisture or dryness; and that to certain changes in the quantity and quality of these all diseases might be referred; and, further, that in acute diseases a concoction of the morbid humors took place, followed by a critical discharge on certain critical days.

He advanced another theory, which has since greatly prevailed, which is this: that there is a power in the system, which he called nature, tending to the preservation of health, and the removal of disease. This was the "*Vis medicatrix naturæ,*" and it was necessary carefully to observe and promote the efforts of nature, at the same time to correct the morbid states by their opposites and bring the fluids back to their proper channels. This was the essence of the doctrine, "*Contraria contrariis curantur.*" The chief part of the treatment was to regulate the diet, give little medicine and give but gentle emetics, laxatives, or clysters. When these failed then give active purgatives and employ hellebore, elaterium, or, sometimes, sudorifics or garlic and other diuretics. He seemed cautious in the use of narcotics. Preparations of lead, copper, silver, and iron were occasionally prescribed. He bled freely in extreme pain or inflammations, and, when medicines failed, recommended the use of the knife and even fire.

This was the state of the healing art among the Greeks about 2,500 years ago, and was observed for centuries. We now come to

GALEN,

The next great master in medicine, who appeared about 500 years later than Hippocrates. He was well educated by his father in the rudiments of knowledge and sent to the best schools of philosophy. At the age of seventeen he began to attach himself to the science of medicine. He traveled much that he might converse with the most intelligent physicians of the age, and inform himself concerning the drugs of other countries.

He resided several years at Alexandria, in Egypt, which was then the great resort of men of science and had the best school of medicine in the world. At the age of twenty-eight he returned to Pergamus, his native place, and met with distinguished success. Four years later he went to Rome but encountered jealous opposition from his professional brethren, who stigmatized him as a theorist and dealer in magic. He composed 750 essays on medical subjects.

He was a careful diagnostician and paid great attention to therapeutics, making many eclections. In his observations of nature, which so distinguished the great father in medicine, he had an unfortunate taste for minute distinctions and abstract speculations. The splendor of his talents completely dazzled his successors, and his opinions bore almost undivided sway until the seventeenth century.

ARCHIGENES.

Archigenes, another eminent Greek physician, practiced medicine with success, following the steps of his predecessors, and began to perceive the necessity of making a wise *selection* of the most useful medicines and *elect* them from the useless and injurious. He, with many others, perceived the necessity of this and commenced a series of eclections and gathered from all other sects in medicine that which was most efficacious and valuable in the practice of medicine. These remedies were called at that period

ECLECTIC MEDICINES.

The etymology of the word "eclectic" is purely Greek and is derived from *ec*, signifying out of; *leg-o*, to choose or gather—thus meaning to gather from or out of all other systems. The introduction of many varieties from Alexandria, in Egypt, the great seat of learning, assisted much in this respect. Each drug was carefully examined and its therapeutic value fully tested. This method was adopted by the classical masters in medicine and recommended to their pupils at that day. It seemed to be a wise necessity which led to a more rational system of treatment and was more satisfactory in the end.

CELSUS.

Celsus was a Roman of the Cornelius family, born towards the end of the reign of Augustus. He was well versed in all the doctrines of his predecessors, and his accurate descriptions of diseases and their pathology and the judicious rules laid in his eight books "*De Medicina*" gained for him great celebrity. He was a profound classical scholar and an elegant, polished writer. His books are the great authority to-day as the standard professional Latin.

ARETÆUS.

Aretæus, who practiced in Rome in the reigns of Vespasian and Adrian, paid particular attention to the causes and signs of disease and the method of treating acute and chronic cases. He was partial to the use of hellebore and other drastic purgatives, and was the first to recommend the use of cantharidis for blistering the skin.

In the course of time the Greeks, who had filled the world with their philosophies, science, and art, degenerated and their ancient glory departed from them; likewise the Roman Empire, which had carried its imperial eagles into every land and become the mistress of the world, which it made pay tribute to the Cæsars and enrich Rome with the spoils, itself fell to pieces, through vices and voluptuous pleasures, and became an easy prey to the barbarian hordes that then surrounded it.

This ancient civilization departed and the darkness which supervened spread all over Europe. Philosophy, science, art, and

medicine were neglected and forgotten and the people relapsed into a primitive barbarous condition.

It was for future generations to study their *classical language* and open once more the books of ancient learning.

ANGLO-SAXONS.

It is necessary to turn the attention now to some other people and briefly trace their origin and note their progress. The Romans who had conquered ancient Britain and held it for five centuries a Roman province had to abandon it, leaving the people rich and helpless. Hordes of people swarmed from the northern parts of Europe, particularly Germany, Saxony, Sleswich, Holstein, and Denmark, fought the inhabitants, and conquered them. Finding the country beautiful, and covered with perpetual verdure, and well adapted to agriculture, and very superior to their own, they sent for their wives and families and settled on the new lands. Tribe after tribe successively followed, and the people began to increase and settle up the country. They became very prosperous and soon outstripped the fatherland. The country was afterward divided into seven kingdoms and subsequently united into one under Egbert. Alfred the Great was one of their kings. He was a man of learning and had some knowledge of medicine. The day was divided by him thus: eight hours for labor, eight hours for meals, and eight hours for sleep. These people were exceedingly industrious, had great adaptability, and exercised judgment and much common sense. They have given rise to the most remarkable people the world has ever seen. This was Anglo-land, now called

ENGLAND.

There were few men of learning at that period. They had no schools of medicine, yet they had physicians who learned their trade from their masters like any other business. They had a primitive method of setting bones, dressing wounds, opening abscesses, bleeding, cupping, cutting the hair, shaving the head in fevers and applying leeches and putting on bandages, etc. Their shingle was a *pole* with a bandage painted round it to denote the surgeon. The physician's was a wand with a snake curled around it carved in the wood to show that diseases were

destroyed by the use of medicines found in his shop. Both departments were generally run by the same person. The barber's pole of to-day is the remains of this ancient order of surgeons; and the gold-headed cane the remains of the physician's. How many a medical snob has sported the latter in his time and looked wonderfully learned! Each physician was his own apothecary, collected his roots, herbs, leaves, plants, seeds, flowers, etc., and prepared them for use; made salves, ointments, and plasters; kept pitch, tar, resin, and oils. Every family had its little garden of herbs and medical plants, usually kept by the thrifty housewife to make her teas for the sick: Thyme, parsley, sage, rue, hyssop, lavandula, feverfew, coltsfoot, milkweed, black currant leaves, dandelion, horseradish, catnip, etc. Besides the native medicines the physicians collected what they could from other countries. Their great theory was, "Every disease has its specific remedy." The difficulty was to find it. Some of the more thoughtful pressed forward and visited the colleges of learning that were beginning to be introduced, and cultivated a taste for anatomy, physiology, and materia medica.

In 1066 the Normans, a warlike people from the northern part of France, swooped down upon the Anglo-Saxons, under William the Conqueror, took their lands from them, and introduced feudalism and vassalage, and built baronial castles. They attempted to root out their manners and customs and destroy their language and reduce the people to a state of servitude. Yet, strange to say, *industry* prevailed over *chivalry*, and they became one people. The proud Norman introduced the aristocratic element which still remains amongst the people to a certain extent, and is not without its advantages; it has helped in the development of a manly, independent, high-spirited race. It took nearly five centuries before the people made any solid progress in mathematics, science, art, philosophy, and medicine.

Colleges and universities began to be established, and learning spread amongst the intelligent classes. Classical literature began to be studied, and once more the ancient books were opened. Medical colleges were founded and educated; physicians soon made their appearance. Many new discoveries were made in

every department, causing great revolutions in the modes of thought.

WILLIAM HARVEY.

Perhaps the most remarkable event was the *discovery* of the circulation of the blood, by William Harvey, in 1603. He was born at Folkston, Kent, England, in 1578. After staying four years at Cambridge he visited France and Germany. Was made doctor of medicine at Padua in 1602, became fellow of the Royal College of Physicians in 1603. He was afterward physician of St. Bartholomew's Hospital. Soon after this he was appointed lecturer of anatomy and surgery. He withheld his opinions on the circulation of the blood until experience confirmed them in every detail. The promulgation of the discovery of the circulation of the blood brought upon him odium and most unjust persecution from the faculty. He outlived it all and saw his discovery fully established and accepted. He received royal favors from James and Charles I., and was appointed their physician.

He published his first book on the circulation at Frankford, as the best means of disseminating his views throughout Europe. This discovery upset all the cherished theories held for centuries, and completely set aside those propounded by Hippocrates, who taught that in the human body there were four humors, viz.: the blood, phlegm, yellow and black bile, and any derangement in these with regard to heat, cold, dryness, moisture, etc., was the cause of diseases. The *blood* was the *universal fluid* which circulated through the body and itself produced all these humors and secretions. It built up the whole frame, made bone, muscles, tendons, and every organ, and sustained life. When it ceased to circulate the body died. This let in a flood of light on all the most important subjects relating to surgery and the practice of medicine, which has been getting brighter each successive generation. It is strange when any new and important discovery is made it is condemned by the very parties that should give it a welcome; but in time truth triumphs, by its own inherent power, over prejudice and unjust persecution.

LINNÆUS

Was born in 1707 in Sweden, and afterwards became the great botanist. At an early age he showed a singular attachment for

the study of nature, in which he afterwards so distinguished himself. He was intended for the church, but having no taste that way he took to the profession of medicine. In 1735 he took his degree in physic. He practiced in Stockholm in 1738 and was very successful, and in 1740 was chosen professor of the university of Upsala. Nine years after he produced a systematic treatise on materia medica. Then appeared his great work, the "*Species Plantarum*"—a classification of the plants into orders, genera, and species, with their botanical names, an arrangement which has never been surpassed. His system was founded on fruitification or sexuality of plants.

This was the age of great mental vigor, and discovery followed discovery in quick succession. The great continent of America was discovered, and history soon began to repeat itself. This industrious, energetic, restless Anglo-Saxon race, now called English, began to form colonies. Many of them, from religious persecutions, left their homes, came over here, fought the native Indians, took their lands from them, and settled thereon themselves, cleared the forests, planted orchards and vineyards, grew crops of wheat and Indian corn, and very soon their labors were crowned with plenty. They sent for their friends, who were induced to immigrate, and these again for theirs, and the country soon became well settled. Colony after colony was formed, until the whole was united into one great republic.

You are beginning to think, What has all this to do with medicine? Well, ladies and gentlemen, now we'll tell you!

These pioneers brought their knowledge and medicines with them from Europe. They soon began to perceive that the new world presented a great variety of new plants, trees, shrubs, fruits, seeds, flowers, etc., many of which they found to contain excellent medical properties. As they became more friendly with the natives they noticed the "BIG MEDICINE MEN OF THE WEST," WOOH! WOOH! WOOH!!! and learned much from these wild men of the forest, and how they used the native plants, roots, and leaves. It was not long before the pioneer physicians became adepts in the new medicines and used them almost exclusively, particularly those in remote districts away from business centers.

It was astonishing to see the profusion growing everywhere around, and in such varieties. There was the podophyllum or may-apple, sanguinaria or blood root, cimicifuga or black snake root, leptandra or Culver's root, hydrastis canadensis or yellow root, lobelia or Indian tobacco, stillingia or queen's delight, lappa or burdock, gelsemium or yellow jasmine, arum, or Indian turnip, asclepias syriaca or silk weed, stramonium or Jamestown weed, prunus Virginiana or wild cherry bark, salix or willow bark, quercus alba or white oak bark, quercus tinctoria or black oak bark, maize or Indian corn—these and hundreds more have medicinal properties of a very high order that were soon employed successfully in healing the sick.

This gave rise to indigenous medicine. The pioneer physicians were generally keen, close observers and made themselves perfect in the native medicines. They carefully tested them and proved their therapeutic properties and have handed down to us such a rich accumulation which the Old World had never seen.

Much prejudice was manifested against them at first, but in turn this gave way to better judgment. Their adoption is now insured. The routine practice of medicine was then, as it is now, unfavorable to anything new. "There was nothing like the good old times and the good old ways," and woe to any unfortunate wight that dared to think for himself. He was sure to be denounced and ostracized. One of the old English orthodox physicians used to advertise himself thus on his sign, to let people know his mode of treatment.

"Doctor Letsome,—

Physics, bleeds and sweats 'um."

This was the mode of proceeding for many years, and highly commended to the medical faculty of that period. A little later another genius of the same ilk, only in a different way, would express the *routine practice* in frontier style. Having sent for another doctor for consultation, as the people got very dissatisfied, he met him thus: "Doctor, this is a bad case, sir, and something must be done, sir." "Perhaps you have done too much?" "No, doctor, I tell you when you can flop both mouths open at the same time, your patient is safe and will get well." The pa-

tient had been puked and purged, blistered and severely salivated and was given xxx grs. of quinine every three hours. The patient had typhoid pneumonia and died.

Thanks, the time for absurdities is passing away, and rational methods are taking their place.

This nineteenth century has made greater progress in every department than all the ages put together in the past. It stands ahead in *positive knowledge*, and all matters of mere opinion are of little or no value.

Books have multiplied indefinitely on anatomy, physiology, materia medica, surgery, therapeutics, gynecology, chemistry, pharmacy, and kindred sciences; but the practice of medicine requires to be made more perfect, when it also will be a positive science.

CHEMISTRY.

Chemistry has already made remarkable changes, and will go on until the revolution is complete; then the evolution will outstrip all former attempts. More attention will be paid to organic chemistry, then empiricism will pass away forever, and guesswork be no longer needed.

The accumulation of medicines is immense, collected from all parts of the world. Then the pharmaceutical preparations are unlimited and the chemical productions without end. The materia medicas, dispensatories and pharmacopœias are so large that the practitioner is often bewildered to know what to select. Experience alone is his best guide in his choice. He will accomplish more with a few medicines well understood than trying everything that comes to hand.

RATIONAL MODES OF TREATMENT

Are beginning to prevail and will lead to practical results.

The human body is regarded as the most beautiful organization that can be studied. It is perfect in all its parts and complete in all its arrangements. Every organ has a duty to perform for the use of all the rest. It is a perfect microcosm—all the principles of the universe are here represented in the smallest form. It has the most complicated machinery, having the great motive power, human life. It is a chemical laboratory and manufactures all its



own product from the materials supplied to it from without. The great retort is the human stomach, and the chemical process of digestion ends in the manufacture of blood, which is directed to the lungs, then sent to the heart, which propels it regularly to every part of the body, to build up and renew every part thereof. It secretes all the chemical elements that each organ requires. It is a great kingdom of use, and its economy is perfect and works harmoniously in every particular.

Any departure from this order brings sickness, disease and even death.

The skill of the physician comes in to know how to restore this harmony and thereby bring back health.

It will take years of study and unremitting application to arrive at such a positive knowledge, which when once acquired will put aside *opinions, theories, and absurdities*, and will make the practice of medicine perfect, like the kindred sciences, anatomy, physiology, surgery, chemistry, etc., when each physician's motto will be

"LABOR IPSE VOLUPTUS."

ACTION OF ALTERATIVES.

BY I. J. M. GOSS, MARIETTA, GA.

ALTERATIVES are such remedies as either improve the nutrition of the body (and often without any very apparent action upon the individual organs), or by increasing waste or downward metamorphosis. A proper supply of oxygen and nutritious elements to the body depend somewhat upon the condition of the respiratory and digestive organs. A supply of nutrient elements to the tissues, and also the removal of waste from these tissues, are both essential to health. The supply of tissue food depends upon the circulation; and the removal of waste depends also upon the circulation, action of the skin, kidneys, and bowels. Now, some drugs increase one or another of the above functions, but others produce certain changes in the tissues themselves without very sensible changes in assimilation, circulation, or excretion. They may act by replacing the normal constituents of the tissues, and

forming certain compounds, which finally break up in a different way from those ordinarily present in the body. The chief alteratives replace chlorine, soda, or nitrogen in many compounds, as iodine, and the iodides, and nitric or nitro-hydrochloric acids, which will displace or replace chlorine. And chlorine and the chlorides alter the proportion of the chlorides to other salts in the blood and tissues, and thus materially change the solubility of many of the constituents of the various tissues of the body. The salts of potash and lime may replace soda; and sulphur and the sulphides may replace oxygen; the hypophosphites, or phosphorus, or arsenic may replace nitrogen. Then there are certain organic alteratives that may influence the process of digestion. Some remedies act upon the liver and pancreas, thus improving duodenal digestion, and thus produce tissue changes. Chlorate of soda, sulphate of soda, phosphate of soda, acetate of soda, borax, nitrate of potash, chloride of ammonium, carbonate of ammonium, and most salts increase tissue change, and also increase the amount of urea in the urine. Benzoic acid, salicylic acid, and benzamide increase tissue change and the excretion of urea in the urine. Iodine does not increase the excretion of urea, but greatly increases tissue metamorphosis. Arsenic and phosphorus both increase tissue change, and powerfully influence the glandular, respiratory, nervous, and cutaneous system. Large doses of arsenic and phosphorus increase the quantity of the nitrogenous products of tissue waste, but owing to the diminished oxidation, the non-nitrogenous substances remain in the body as fat, instead of being oxidized, and are thrown out as carbonic acid. Iodine and its salts and the chlorides act on the lymphatic glands and promote absorption. Iodide of potassium is most frequently used, and seems to act more vigorously than iodine. It counteracts many pathological conditions, and increases the elimination of morbid products. In tertiary syphilis, with corydalis, phytolacca, berberis aquifolium, stillingia, and lappa major seed, the gummata, ulcerations, syphiloma, lupus, chronic rheumatism and sciatica soon disappear entirely. It also, with chionanthus echinacea angustifolia, soon removes mercurial poisoning, and other chronic metallic poisoning. It is

a valuable remedy in acute catarrh and hay-fever. The iodized-phenol may be used locally, in a weak solution, as by spray. In chronic tonsillitis, where acute attacks occur frequently, a solution, 2 to 5 grs. to 1℥, in doses of 1℥ three times a day, has proven a specific in my hands. The iodide of ammonia in 1 gr. doses every two hours often relieves all the symptoms of acute catarrh, hay-fever, or catarrh of the stomach and bowels. I have used the compound solution of iodine (Lugol's solution), in doses of 6 to 8 gtts. three times a day, in chronic malarial poisoning, with success. The iodide of sodium may be used instead of the iodide of potassium. And the freshly prepared hydriodic acid is equally active. It is believed to be more powerful as an alterative than iodine or the iodides, but it is unstable. The iodoform, as a local remedy, is a powerful alterative and antiseptic, but its odor is an objection to its use.

WHAT, IF ANY, RELATIONSHIP EXISTS BETWEEN SMALL-POX AND OTHER SKIN DISEASES.

BY G. P. BISSELL, M. D.

It has been my fortune in the course of my semi-nomadic or semi-vagabond life as a practitioner of medicine to have encountered small-pox five or six times in as many places far distant from each other and distinct in point of time. Preceding each invasion of the variola by two or three months, in each case, there was a prevalence of skin diseases of a character which I never witnessed under any other circumstances.

I exclude measles from the category entirely; and yet I venture that every practitioner has noticed that small-pox nearly always is preceded by rubeola as a forerunner. But the converse does not hold. Small-pox does not often follow on the heels of measles. If it did we should have it among us much more frequently. But there are other skin diseases sometimes unclassified and unclassifiable, but in individual cases falling distinctly under classified heads, that I have noticed to precede small-pox.

Here in Eureka, California, variola has lately made its in-

vision. How severe and long-continued the visitation will be has yet to be proven. For three months past I have treated more cases of skin disease than for two years prior. Many of the cases have been of an eruptive character, several vesicular, some papular, but most unclassifiable, and none pustular. In every case, so far as I remember, the general health has suffered more than seemed reasonable to expect judging from the stress that fell on the skin. But in one special form skin disease has been very prominent hereabouts for the last three months. It took the form of erysipelas, with special features different from any that I had ever before encountered. There was always dizziness of the head as a prominent symptom. It did not tend to spread rapidly to adjoining tissue, but rather to assume the phlegmonous form. The tongue was always coated, varying from a dirty gray to dark brown. I tried various remedies with success in every case, but finally came to rely mostly on a combination of purgative with alterant skin remedies, as, for example, leptandrin, senna, burdock, and bittersweet. I suppose I treated one hundred and fifty cases or more.

Now to come back to the starting-point. Has anyone else noticed that small-pox is preceded by skin diseases of anomalous character? Is there a widespread influence in the atmosphere that foreruns that disease? Does any relationship exist between the preceding skin diseases and variola? Our small-pox was distinctly introduced from San Francisco. Whence came the disposition to erysipelas and other diseases showing themselves on the surface? If there was any connection, and if they foreshadowed small-pox, then either coming events cast their shadows a long way before, or past events leave their trail a long way behind. Who can tell? Certainly the first and less severe did not originate the later and graver. My idea is that there is an unknown but widespread predisposing influence at times that needs but little specific poison to enkindle a prevailing epidemic.

[The editor can record a similar experience, for skin diseases have been very common within the past year in this section, much more so than for a long time before. Late authors on skin diseases seem disposed to class the eruptive fevers as skin

diseases. Fox, in the late revision of his great work on the subject, does so, and Pifford says that epidemic influences are observable to every observing physician, and one follows another every year or two; and almost every one seems to require its special epidemic remedy.—ED.]

A CASE OF SCARLATINA.

BY LYMAN WATKINS, M. D.

ON December 8, 1887, was called to see Blanche W., aged 8 years. Temperature, 104; pulse, 130. The throat was sore, the body, neck and arms were covered with red spots, very fine. The diagnosis was scarlatina, and I gave aconite and belladonna as sedatives; directed quinine inunction over body, and solution of potassium chloride as gargle for throat. The case progressed nicely without dangerous symptoms, until the mother-in-law appeared upon the scene. Now an old-school regular physician had heretofore treated the family for many years and he had been in the habit of dropping into the business place of the father of the sick child every day and inquiring how she was getting along casually remarking that he thought she should improve faster, and that as he had always treated the family probably he could bring her out sooner than the attending physician, for he was well acquainted with the constitution and idiosyncrasies of the family, etc., etc. Well, when the mother-in-law arrived I was dismissed and her old friend and physician called in. Now was a chance to make a telling point on a quack eclectic and show the superiority of regular methods. The treatment was commenced by giving the child twenty grains of calomel, followed by two tablespoonfuls of castor oil. Then the throat was swabbed every half hour with a solution of nitrate of silver, this notwithstanding the frantic struggles of the patient. Sweet spirits niter, one-half teaspoonful every half hour, was given. The patient began to grow worse immediately. Another old-school physician was called in consultation; he advised a fly blister to spine. This was applied. The child died next morning, exactly twenty-four hours after I was dismissed. In the words of the almanac poet:—

“Poor little Blanche was very sick.
They blistered and they bled her;
With squills and anti-bilious pills
And ipecac they fed her.
They stirred her up with calomel
And tried to rouse her liver,
But all in vain, her little soul
Was wafted o’er the river.”

In the classical language of Mother Goose let me close:—

“Two wise men of Gotham
Went to sea in a bowl;
If the bowl had been stronger
My tale had been longer.”

SELECTIONS.

ANTI-VACCINATION.

ON taking up the *Enquirer* to-night, my first thought was my friend, the editor of the *Enquirer*, has entered the list as a champion of vaccination; but I did not read far before I was undeceived—there could be no mistaking; the smell of the medico was too strong.

First as regards your charge—Drs. Anti-vaccinators practicing it on your patients and yet condemning it—I can speak for myself and other doctors (friends of mine) who do not believe in it. We have told our patients honestly what we thought of it, to our own loss in dollars and cents.

To your first proposition as to the decrease in the death rate from small-pox in the last century, I grant you that it is so. But I do not grant that this decrease has been brought about by vaccination. Look at the labors of sanitary reformers during the last century; think of the millions that have been spent in improving our sewerage and house construction, in removing causes of disease; does this go for nothing? No, sir! This has a vast deal more to do with the lessened death rate from small-pox than has vaccination. Again at the time when small-pox filled such a conspicuous place in our bills of mortality, there was another cause in operation. When small-pox appeared in a family, the mother or grandmother would take the balance of the family who had never had the disease, and charging the point of her stocking-needle with the poison of small-pox, she would inoculate them, giving them the true disease, and every such case became a new center of infection. In this way the disease spread rapidly, till, to stop it, it was made a penal offense to inoculate for small-pox, and thus one source of the frequency of the disease was stopped.

Again the treatment of small-pox in the last, and early portion of this century, was, to say the least, murderous. Ventilation was absolutely tabooed. The emanations of small-pox were

cooped around the patient till he had to eat and drink it with every breath. He was literally poisoned with his own stink. A minister I knew visited such a patient, and finding the air unbearable, he knocked a square of glass out of the window, saying, "For God's sake, let the man have air!"

Practically, disinfectants were unknown then. They play a grand part now. One stink was covered up with another and the biggest stink was considered boss. Isolation, so valuable, was scarcely thought of. Neighbors and friends visited the patient without much hindrance, and thus the disease was spread. These are some of the reasons why small-pox is less frequent, not vaccination. With regard to statistics, I will say, till a few years ago I gathered statistics from every country on this subject, and in my opinion statistics are on my side.

You say vaccinators do not claim it to be a better protection than small-pox. I say it is not so good. It is very rare for an individual to have small-pox a second time. I say it is very common for a person to have small-pox after vaccination. I have seen it. And when the small-pox was epidemic in London, in 1870 and 1871, the deaths were segregated and that segregation showed that the majority of the patients who died had been vaccinated. This is a matter of record, for the Hon. Jacob Bright, M. P., called attention to this fact in the House of Commons. That epidemic first visited France and was bad in Paris, and the English vaccinators declared that it was because the French authorities had been careless about vaccination. They said that the English were so well vaccinated that it would not reach us. But it did; it crossed the channel, was bad in London, and in many of the cities of England, to which I can bear testimony.

Vaccinators then changed their tune. While they were building temporary hospitals for small-pox patients in England the health department said the English had been careless. In Ireland, where they were well protected, they were absolutely without fear. From personal investigation I found that the Government was making hospital provision there at that time, though they had no fear. Small-pox, after clearing out the small-pox pabulum in England, crossed to Ireland, and there raged in spite of the protection.

With regard to the transmissibility of disease, your remarks smell strongly of the vaccinating doctors, or the encyclopedic article. Under the use of humanized virus, I have seen syphilis given to a healthy child. I have known of more than one death, and I have known of a great deal of sickness. With the use of bovine virus I cannot see how syphilis can be given—that is, providing the bovine has not first come from the human virus.

But I regard bovine virus as being capable of producing serious blood poisoning, and I have less faith in its protection than even has Dr. Cluness.

With regard to anti-vaccination being in the minority I acknowledge the corn. But that does not prove that we are wrong. A great man in a great speech in Boston years ago is reported to have said: "There are 30,000 clergymen in these United States, and I can count upon my fingers all who are opposed to slavery." The statement may be overdrawn but it illustrates the point. There are a great many points in your article I would like to notice, but time and your space forbid to-day.

In conclusion, we are fighting compulsory vaccination. We do not want to interfere with those who believe in it. It is commonly reported that the health officer of this city has vaccinated himself seventeen times. If the young man wishes to do that it is his business; let no one interfere, it is his right.—*John Fearn, M. D., in Oakland Enquirer.*

THE TREATMENT OF INTERNAL HÆMORRHOIDS BY INJECTION.

DR. Q. A. SHUFORD, of Tyler, Texas, sends the following communication: "In the treatment of internal hæmorrhoids by sub-mucous injection, it is necessary, in the first place, to have an instrument that can be introduced with the least amount of pain, and so constructed as to expose as much of the mucous membrane as possible. When a tumor is discovered, the speculum should be manipulated so as to bring the center of the tumor into plain view, and the needle should puncture the pile at this spot, as it is here less sensitive than elsewhere. This requires a long needle, which should have a guard near the point, so as to pre-

vent it from entering too deeply. For small tumors I inject from three to five drops, and for larger ones from five to eight drops of the following mixture: Rub well together, one drachm of salicylic acid, and one and one-half drachms of glycerine, and add two drachms of carbolic acid; then rub together, one drachm of borax and one and one-half drachms of glycerine, and mix the two thoroughly, allowing the mixture to stand until clear. The chemical changes and *modus operandi* of this combination I do not know; but I do know that internal hæmorrhoids treated in this way become atrophied, shrink up, and peel off without pain, inflammation, or suppuration. I have never had any trouble nor heard any complaints from patients so treated. The two essential points in the treatment of internal hæmorrhoids are: first, an instrument that will bring the parts to be treated into view, and that without pain; and, second, a remedy that will completely destroy the pile, while leaving the mucous membrane in a healthy condition. An interval of from eight to ten days should be allowed to elapse between the injections, so as to give the mucous membrane time to become toughened. The injections cause almost no pain, and do not prevent the patient from pursuing his ordinary avocations." Dr. Shuford reports several cases treated after this method, and adds that he has treated nearly one hundred, of varying degrees of severity, and in none has he seen any inflammation or suppuration following the injections.—*Medical Record*.



EDITORIAL.

Winter Diarrhea.—Probably the most of our readers have, within the past decade, had some experience with winter diarrhea. If so, they have been disappointed with the treatment ordinarily pointed out. A severe attack of diarrhea or dysentery occurring in February, though it may resemble the summer complaint of July and August of hot weather, is an obstinate condition to manage with aconite and ipecac, with colocynth or with euphorbia, or with other remedies so useful in the summer season. We will not explain why this is the case, we simply know it from several severe and trying experiences.

Once, having no other remedy at hand, and being a long distance from any drug depot, the bichromate of potassium was given, partly as a placebo and partly because a severe cough accompanied the bowel disturbance; and upon visiting the patient the following day, a most happy change in the abdominal symptoms had resulted.

The intestinal affections which occur in the winter are often attended by severe abdominal pains. They seem to be a combination of diarrhea and dysentery. There are free fecal evacuations, mixed with mucus, which are attended by painful tenesmus, sometimes excruciating in severity.

To control this condition readily, administer two or three grains of the third decimal trituration of potassium bichromate every one or two hours, persevering, if necessary, for twenty-four hours or longer. Collinsonia is a good remedy to rely upon when the pain is severe and located low down in the hypogastric region and rectum. It should be alternated with the potassium.

Our readers who have never tried collinsonia for severe pains in the hypogastric region when the alimentary canal is the part affected, whether there be looseness or not, have made an important omission. It acts promptly and positively. We prefer the tincture made from the fresh plant and not the root. The nearest approach to this is the mother tincture, sold by homeopathic pharmacists. Eclectic pharmacies dispense a preparation from the root. In Ohio the writer could find the plant in early autumn in many a fence corner by the roadside, and kept a jar of it crushed and covered with alcohol in the office for a supply bottle, finding it a great convenience.

Pacific Slope Diseases.—There is no question about the assertion that this climate entails certain peculiarities of disease which the Eastern new-comer often finds embarrassing until he has learned by dear experience to adapt his means to the circumstances—at least this was the experience of the writer, and though it cannot be said that in coming here one must needs learn the practice of medicine anew, he nevertheless must modify to a considerable extent his methods if he has been following the practice in the East. Symptoms which might be expected to yield at once to a given remedy from the results of former experience, often prove stubborn in the new climate, and perplexities arise which lead to many an anxious hour and sleepless night before adaptation can be made to the new surroundings.

These are the facts, and let who can gainsay them. Possibly they are overdrawn, but we doubt if many who have had the experience to justify our opinion would pronounce us far wrong. And there is a moral to this which we would point out.

We need a practical work on the practice of medicine on this coast, written by one acquainted with the peculiarities of the climate, assisted by the entire eclectic profession of the coast. Such a work is being demanded by students and practitioners, and must, before long, be prepared. The writer may be the victim in this enterprise and he may not, but what is needed is the recording in the CALIFORNIA MEDICAL JOURNAL of the experience of every man on the coast in the various diseases and with the best

remedies for special conditions, that a nucleus for the work may be at hand for reference. If we should some day write a work on the practice of medicine and should be able to incorporate into it the experience of any writer of the JOURNAL, we would be willing and glad to give due credit for all aid from whatever quarter gained.

Students who go East to attend lectures will feel the force of the remarks in the first paragraph of this article. "Carrying coals to Newcastle" is the most disadvantageous plan in the world, and when a Pacific Coast eclectic (it does not matter so much with other schools, whose treatment is more stereotyped) goes for his instruction to teachers whose experiences have been gained in the Mississippi Valley, a country as unlike ours in topography and climate as any opposite, he is placing himself at a disadvantage if he intends to return here to practice. Not that we would disparage the fountain-head of eclectic medicine—far from it—we simply mean to be rational in our propositions.

Gall-stones or Soap?—Apropos to the subject of olive oil in the treatment of the gall-stone habit, is a letter written by Dr. Noel A. Smith, to the *Medical Record*, in which he relates the particulars of a case where he was invited by an old lady in his neighborhood to examine some gall-stones which she had brought from her husband with olive oil, and which he, in company with two other physicians, thoroughly inspected and found to be free from any suspicion of stone or concretion. The masses ranged from the size of a pea to that of a nutmeg and imparted a saponaceous sensation to the finger when crushed and rubbed under the finger. The opinion formed by this investigation was that the excess of oil had resulted in the formation of soapy masses through union with alkaline elements of the alimentary canal. As confirmatory to this opinion the writer quotes the following from the *National Dispensatory*: "A notion had been entertained that large doses of olive oil were capable of causing the discharge of gall-stones, and in proof of the statement a great number of bodies resembling these concretions had been found in the stools. On examination, however, they were found to consist of the partially saponified oil."

All this may be true; in fact few would doubt the statements made, for they are supported by perfectly probable theories; but this does not deny the fact that some people become the subjects of a gall-stone habit and discharge them at intervals of more or less regular recurrence for months, the habit resisting all measures until free use of olive oil is begun, when the habit ceases, the severe attacks of hepatic colic subside, and the patient recovers health and strength. Because the oil unites with alkaline substances in the bowels, and forms a soap, it does not signify that there does not exist in the oil of the olive an organic principle which interferes with the crystallization of the cholesterin in the gall cyst. Clinically it would seem that olive oil is an antidote for the gall-stone habit and a little clinical experience is better than all the rationalism in the world in therapeutics; in fact it is the best evidence in the world—the only confirmatory testimony.

Echinacea Angustifolia.—This agent has recently been attracting considerable attention among eclectics as a remedy in zymotic tendencies of the blood. The *Eclectic Medical Journal* has thus far contained all that has been published about it to our knowledge. The May number, 1887, of that journal contained a short article from John King, M. D., crediting H. C. F. Meyer, M. D., of Pawnee City, Nebraska, with observations as to its efficiency as a "blood purifier"—an antiseptic for internal and external use, superior to any now known to the medical world. Dr. Meyer has successfully administered it in disorders of the stomach, cholera infantum, cholera morbus, intermittent, remittent, congestive, and typhoid fevers, spasmodic affections, small-pox, measles, boils, carbuncles, ulcerated sore throat, ulcers of the extremities, etc. In malarial fevers it has no superior. In six cases of typhoid fever two of the patients were out of bed on the eighth day, three on the tenth, and one on the twelfth. (Whether they returned or not deponent saith not.—ED.) Twenty-five drops of the pure tincture injected into the rectum in cases of hemorrhoids, repeating the injections three times per day, will promptly effect a cure. The medicine is also prompt and efficacious in stings from bees, wasps, etc., as well as in poisoning by

contact with certain vegetables, one or two doses effecting recovery.

In 613 cases of rattlesnake bites with men and animals, prompt cures have been made. Dr. Meyer states: "I injected some of the (rattlesnake) poison into my system on the first finger of the left hand; the swelling was rapid, and in six hours was up to the elbow. At this time I took a dose of the medicine, washed the swelling with it, and laid down to sleep. I slept four hours, and on rising, did not find a single sign of swelling on my finger or arm." The recoveries from rattlesnake bites under its action are effected in from two to twelve hours. From his knowledge of its influence upon poisons in the system Dr. Meyer thinks this remedy may prove serviceable in hydrophobia. Last December 26, he furnished some of it to Prof. I. J. M. Goss, M. D., of Marietta, Ga., who used it in two cases where parties had been bitten by a rabid dog. About the 12th of March, 1887, he received a line from Professor Goss, stating that no indication of hydrophobia with these patients had yet presented.

Tincture of the root is the preparation employed. For local application this is used without any addition. For internal use he generally adds to it from one-fourth to one-eighth the part tincture of hops, and from one-eighth to one-sixteenth part tincture of wormwood. This is administered in fluid drachm or teaspoonful doses.

Last month Dr. Hayes, of Denver, Colorado, reported six cases of malignant diphtheria cured by this agent, the first one of which he considered hopeless, and so told the parents; but to his surprise the patient, a girl twelve years of age, recovered upon the echinacea, being convalescent in four days. The auxiliary treatment consisted of the inhalation of oil of eucalyptus evaporated in hot water. He also reports success with it in "mountain fever." Fifteen cases were successfully treated, all but one of which had been treated (maltreated?) by another physician before he took charge, being cured in fourteen days. Several cases were aborted also, the echinacea being the agent relied upon in every instance. Two cases of typhoid fever were arrested by it in his hands, one on the twenty-first and the other on the fourteenth day; both had been exposed to sewer gas.

We quote the description of another case in the writer's own words:—

"October 23, 1887, I was called to a case with a history of blood poisoning and treatment with caustic, mercuric bichloride, and hot water—a man sixty-five years of age. Two physicians had given him up. I was much inclined to follow their example, but thought it a good case to test echinacea. On entering the room, Professor Scudder's 'rose' and Professor Howe's 'tandog' were suggested by the intolerable stench. Examination revealed a mass of dead flesh between the metacarpal bones of the index finger and thumb of the right hand. Lifting it, the metacarpal bone of the finger lay bare the entire length, both extensor and flexor tendons having sloughed off. The old man was very weak and exhibited the characteristic symptoms of severe poisoning, so I dismissed the thought of amputation, applied the echinacea locally, diluting it one-half; also gave it internally full strength. At the end of a week the patient was out of bed.

"The other day he walked into my office and exhibited his hand. The chasm is pretty well filled with healthy flesh, the bone being visible at only one small point. The edges of the wound (?) contracted, and is so covered with skin that it is reduced to less than one-third its original dimensions. With the aid of a few skin grafts I hope to close it up entirely. Several times during the treatment I withdrew the internal medicine. Every attempt to vary the medicine was followed in a short time by sloughing at some point."

We remark in passing that the writer or someone else will find a necrosed bone to deal with, notwithstanding the excellent results apparently following the treatment in this case. Denuded bone at such a stage of the game could hardly indicate otherwise, and amputation will promise much more than skin-grafting in such a case.

The echinacea angustifolia, according to Professor King, is found growing in marshes and prairies from Missouri to Texas, presenting brownish disk flowers from May to August; it is known as *narrow-leaved cone flower*, *black Sampson*, etc.

As the writer at the present has in hand a case in which the virtues of this remedy might be crucially tested, he regrets that a sample cannot be obtained on this coast. Baptisia and rhus tox, however, are doing tolerably good work. Soon, without doubt, our enterprising pharmacist, Dr. Fearn, will have a supply on hand. He informs the editor that calls for it have already reached him.

The Wet Pack in Acute Lung Affections.—This may be an old and worn-out subject to write upon, but we know how prone physicians these days are to overlook many good things because they are old, in search of the new. While going about for something better we often leave behind us the very thing that might aid us materially in getting out of a corner when it seems we have reached the last source of relief for our patient.

The physiological and clinical effects of drugs are valuable studies to pursue in the investigation of successful methods of treatment for pulmonary affections, and there is a large list that we could hardly afford to dispense with in acute affections of the respiratory apparatus, but if we were to be confined to one remedy it would be the wet pack. A lady who had always been accustomed to old-school practice, once related to the writer how she had saved her daughter from death after the attending physician had given her up to die with pneumonia. The treatment, which was suggested by a lady friend, consisted in the application of a wet pack to the chest and frequently repeated small doses of simple syrup. Improvement set in at once and continued until the patient recovered. Surely this was and is better than much of the treatment practiced, though there are many excellent remedies which can be employed to advantage. In infantile pneumonia it is especially valuable, for we cannot expect to administer much medicine here. It is preferable to the emetic powder sprinkled on larded cloth and to mush poultices, for it does not need as frequent repetitions as the mush poultices and it is not nauseating or nasty like the compound emetic powder.

Simply ordering the wet pack, however, does not always answer the purpose. The physician should see that it is properly applied; some nurses have very vague ideas about a wet pack. Not long ago we found that the nurse was allowing a crumpled-up rag to be retained in place over the chest, haphazard, by the child's clothing. Such an infamous manner of dealing with a valuable measure is outrageous; yet people will need instructing as long as the world lasts, and that is what the word "doctor" means.

A binder six or eight inches wide when folded once, and two yards or more in length, wrung out of tepid water and wrapped

around the chest like a bandage, the upper edge coming well up under the arms, is the proper plan of application; then if the larynx or trachea be involved as indicated by sharp, teasing, or explosive cough, an extra one may be applied to the neck. Let the application be renewed morning and evening; then, with the properly selected remedy, it will be a severe case that will not soon begin to improve. Of course over the wet pack good warm clothing will be applied to prevent chilling.

The Tissue Remedies.—Eclectic physicians are the only ones in the world who can honestly claim as their own everything which the world of medicine can unfold. Old-school medicine makes the claim, but it requires adamant cheek to ridicule, cajole, and denounce a class of men, and then while memory is still green turn squarely about and embrace ideas emanating from the same source. Therefore new ideas must come from the time-honored source with such people or be passed unnoticed.

Schussler's tissue remedies have been employed by many eclectics for a long time. Some have investigated them thoroughly and pronounced them "no good." Professor Gere has found no virtue in them, but we fear that the doctor is a little inclined to be skeptical. We give him credit, however, for fairly investigating them; some men allow their skepticism to prevent them from even making an examination of a subject that would seem to promise so little.

The writer can say that he has been surprised by the effects of these remedies in a number of cases. He is not surprised, however, when they fail to hit the mark; he has failed quite as often perhaps as he has succeeded; but some of the successes were grand ones, and it seems that some of them have conduced largely to the saving of lives.

Recently we treated a case of infantile pneumonia where it seemed that the organization of exudative material must completely obstruct the oxygenating functions of the lungs. The rapid, labored breathing—surface—with the marked cyanotic manifestations which were persistent and steadily increasing in severity, the clammy skin, the leaden countenance, were all por-

tentious of an early funeral. As a last resort the potassium chloride 3x was administered. Five grains were added to four ounces of water and a teaspoonful administered every hour. In twenty-four hours, to the great joy of the parents and surprise of the doctor, the child seemed entirely relieved, the frequency of the respirations was reduced to one-half and the cyanotic symptoms were gone. The wet pack was employed in conjunction with this measure, but it had also been used with prior measures, so that no advantage could be claimed in this direction.

To arrest the deposit of exudative material with impending suppuration, seems to be one of the happy effects of potassium chloride, and while we do not believe it will raise the dead, it promises a little more in the advanced stages of inflammatory action after the acute action has been followed by exudation than any other remedy with which we are acquainted.

Juniper Pomade in Nasal Polypus.—Professor Howe (*Eclectic Medical Journal*) recommends the juniper pomade as a remedy for the radical cure of nasal polypus. He applies the pomade to the affected part with a camel-hair pencil often enough to perpetuate its influence for the required length of time until the polypus disappears and signs of obstruction in the nasal passages cease. This will probably require several weeks' time. If this application will cause a polypus to disappear it will probably prove curative in that much more common condition where the nares are obstructed from hypertrophy of the nasal mucous membrane. Since reading this account we have employed the pomade in one case of the kind mentioned with seeming good results, but as our atmosphere differs so materially from that of Cincinnati and vicinity we cannot expect too much until the treatment is more thoroughly proven.

"Juniper pomade" is a preparation originating, we believe, with Professor Howe. The formula is as follows, according to his work on surgery:

R

Lard, ℥vi.

Paraffine, ℥iv.

White wax, ℥i.

Oil juniper berries, f℥iii.

Fowler's solution, f℥ii.

Tincture curcuma, f℥i.

M.

The Favorite Anæsthetic Inhaler.—We will send this and the journal this year for \$3.75 to all new subscribers, and to old ones who have paid for the present volume and desire to avail themselves of the offer we will give credit for the next year upon the same terms.

We have just succeeded in successfully etherizing a very stubborn case in which three previous attempts have been made to produce anæsthesia for the removal of teeth, once with gas, once with ether, and once with chloroform, a physician of good standing having made the effort twice and failed. The inhaler was an important helper in this case, which was the worst one we ever met. Success however crowned the effort and the patient was relieved of four molars, which have been a source of discomfort and ill health for five years past. The patient was a quiet, mild-mannered little woman when herself but a tartar when etherized, unconcious but resisting and dreading the pain throughout, rousing up and resisting even while under stertorous breathing.

MISCELLANEOUS PARAGRAPHS.

J. SNOOK, M. D., of Colusa, made San Francisco a flying visit recently.

IODIDE of lithum is recommended by Professor Howe in two-grain doses every two hours in inflammatory rheumatism.

EDWIN FREEMAN, M. D., formerly Professor of Anatomy in the Eclectic Medical Institute of Cincinnati, has located in Fresno, this State.

H. VANDRE, M. D., writes the editor a cheerful and hopeful letter. His practice has developed rapidly within the year he has been located in Amador City.

WE learn that J. W. Harvey, M. D., has left Vina for a more salubrious location whither he can move his family. There being no eclectic physician out of a location to be found an old-school man was recommended by the doctor. We have no trouble in locating all our graduates well.

PICHI.—We would have our readers think of pichi when treating stubborn cases of vesical irritation. In a very obstinate case of long standing this drug gave the best satisfaction of any

tried. We used Parke, Davis & Co.'s fluid extract. This firm introduced the remedy from South America several years ago, and among the current literature of medicine many cases of its successful use in the treatment of calculi may be found. We are somewhat skeptical, having never seen it tried in vesical calculus, but it has been asserted that it exerts a powerfully solvent action on such concretions.

DR. S. T. YOUNT, in the New York *Medical Record*, advises the use of indigo in amenorrhea. The dose is one ounce to one-half drachm of the crude drug, or five grs. of the concentrated extract. It should not be given when the stomach is irritable, where there is a history of pelvic inflammation, or where the brain is anemic. He claims that it will bring on menstruation, even in the amenorrhea of phthisis.—*Southern California Practitioner*.

NEURALGIA.—A. Samkiewizy attaches an electrode of very porous carbon, into which chloroform is poured, with the positive pole, using the constant current. There occurs first, sopor; then a burning sensation; at last anæsthesia of subcutaneous nerves. Anæsthesia is not produced in deep-seated nerves, as in sciatica. That the chloroform penetrates the tissues is shown by coloring the chloroform with gentian violet, and applying it with the constant current to the ear of a rabbit.—*Weekly Medical Review*.

OLIVE-OIL IN BILIARY COLIC.—Dr. Herman Ostrander, of Lansing, Mich., reports the following case of self-cure of biliary colic which was related to him by a young architect of that city. The gentleman's mother, who was a great sufferer from gall-stones, took, during one of her attacks, half a tumblerful of olive oil, and repeated the dose in twenty-four hours. The result was the painless passage of more than forty calculi. On the occurrence of another attack, about a week later, she repeated the treatment and passed more than sixty calculi. Since that time she has been entirely free from these attacks, although several years have since elapsed.—*Medical Record*.

RESECTION OF LEFT LOBE OF LIVER.—Dr. Langenbach, a German surgeon, has recently recorded a successful case of resection of the left lobe of the liver which had been deformed by tight lacing. The pedicle which formed the union between the left lobe and rest of the organ, was transfixed by ligatures and the lobe excised. The same evening symptoms of internal hemorrhage being manifest, the abdominal wound was re-opened and the cavity found filled with blood. This was sponged out, the bleeding ves-

sels ligated, and the opening again closed, after which recovery followed, retarded, however, somewhat by the intervention of ascites necessitating two tapplings, but followed finally by disappearance of all abnormal symptoms.

UTERINE STYPTIC.—John Adderly, M. D., Skibbereen, County Cork, Ireland, says: It gives me great pleasure to add my testimony to the great value of S. H. Kennedy's extract of *pinus canadensis*, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hemorrhage, but also to produce a healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia, depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of *pinus canadensis* applied to the os uteri on cotton wool, and also used as a lotion, arrested the hemorrhage immediately, and the *aletris cordial*, which was taken internally, helped to invigorate the system and promote a cure, where I had at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue the use of them in my practice, as I consider they gave most satisfactory results.

TO REMOVE A CINDER FROM THE EYE.—Dr. R. W. St. Clair, in the *Medical Summary*, tells how to remove a cinder or particle of dust from the eye, and illustrates as follows:—

"A few years since, I was riding on the engine of the fast express, from Binghamton to Corning. The engineer, an old school-mate of mine, threw open the front window, and I caught a cinder that gave me the most excruciating pain. I began to rub the eye with both hands. 'Let your eye alone, and rub your other eye;' this from the engineer. I thought he was chaffing me, and I worked the harder. 'I know you doctors think you know it all, but if you will let that eye alone, the cinder will be out in two minutes,' persisted the engineer. I began to rub the other eye, and soon I felt the cinder down near the inner canthus, and made ready to take it out. 'Let it alone, and keep at the well eye,' shouted the doctor *pro tem*. I did so for a minute longer, and looking in a small glass he gave me, I found the offender on my cheek. Since then I have tried it many times, and have advised many others, and I have never known it to fail in one instance (unless it was as sharp as a piece of steel, or something that cut into the ball, and required an operation to

remove it). Why it is so I do not know. But that it *is* so, I do know, and that one may be saved much suffering, if he will let the injured eye alone, and rub the well eye. Try it."—*Albany Medical Annals*.

STIMULANTS TO BE AVOIDED IN THE TREATMENT OF SKIN DISEASES.—In an article on diet in cutaneous affections, by Dr. G. H. Fox, the following suggestions occur: One very important point to be considered in preparing a diet list for patients with skin disease is the effect of alcohol, tea, coffee, and tobacco in retarding tissue-metamorphosis. To improve the nutrition of the skin, it is desirable that the processes of waste and repair be carried on without cessation. When alcohol or other stimulants are consumed to any extent, this desirable change or reconstruction of tissue is arrested, and the various organs of the body are impaired in the performance of their functions. The effect of beer upon an eczema is as marked as it is upon a gonorrhœa. Dr. Fox has sometimes thought it better for a patient to drink a whole bottle of whisky than a single glass of malt liquor. In cases of pruritus, in private practice, the author has fallen into the habit of forbidding all stimulants, on the ground that they do no good and may do harm. In charity practice it has often struck him as the height of folly to prescribe medicine for patients who are living largely on tea and beer, and whose symptoms would speedily disappear under a judicious regulation of diet. Indeed, it is difficult to appreciate what dietetics will do in the treatment of cutaneous and other diseases unless we move, for the time being, a suspension of the pharmacopœia.—*Dietetic Gazette, January, 1888*.

BOOK NOTICES.

THE darkness of the past, in which mankind accepted visitations of disease as a punishment for imaginary offenses against some deity, has been nearly dispelled by the recent wonderful advances in sanitary science. Light has broken in upon this darkness within the last fifty years, since men have begun to study the causes of diseases and the methods of preventing them. The results in the way of saving human life from small-pox, typhoid fever, diphtheria, and scarlet fever, which have been already obtained, are but a slight indication of what can be done when the light of this new knowledge has full control.

The work of dispelling this darkness of ignorance in regard to the preventable diseases is too great for private enterprise. Local sanitary associations and the American Public Health Association have done good work, but they are not enough; and so, during the past twenty years, there have sprung up in this country thirty State Boards of Health, that are engaged not alone in the study of diseases, but in disseminating sanitary information among the people.

As a striking example, however, of what private benevolence can do in this line, we would mention four prize essays on sanitary subjects, copies of which have just reached us. Mr. Henry Lomb, of Rochester, N. Y., a gentleman interested in sanitary science and the public welfare, offered about \$3,000 as prizes, through the American Public Health Association, for best essays on four subjects, as follows:—

“Healthy Homes and Foods for the Working Classes,” “Disinfection and Individual Prophylaxis against Infectious Diseases,” “The Sanitary Conditions and Necessities of School-houses and School Life,” and “The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them.”

The longest essay is of sixty, and the shortest of nineteen, pages. They are practical and popular in style, and having been written by such well-known sanitarians as Dr. Victor C. Vaughan, of the Michigan State Board of Health, Dr. Geo. M. Sternberg, of the U. S. Army, and others, they can be relied upon as containing the latest conclusions of science upon their respective subjects. The prices of these essays are as follows: No. 1, 10 cents; Nos. 2, 3, and 4, 5 cents each. In book form, well bound in cloth, 50 cents. To be had at the book stores, or by writing to Dr. Irving A. Watson, Secretary of the American Public Health Association, Concord, N. H.

Dr Sternberg's essay has been published in German, French, and Flemish, and Dr. Vaughan's in German.

THE TWELVE TISSUE REMEDIES OF SCHUSSLER, comprising the theory, therapeutical application, materia medica, and a complete repertory of these remedies, arranged and compiled by Wm. Boericke, M. D., and Willis A. Dewey, M. D. Published by T. E. Boericke, M. D., Philadelphia, Pa.

There are already a number of translations of this work in print and it would hardly seem that this one could be intended to fill an aching void, but while it is largely a repetition of what has already been offered, the compilers have succeeded in arranging it in a very acceptable form, and, by presenting quite an amount of new clinical testimony, they have added strength to the high regard with which we had already learned to view these agents in a number of diseased conditions. Twelve or fourteen years ago we read a severe criticism upon Schussler's work in the *United States Medical Investigator*, the cause of the writer's strictures, and he was one high in authority in that school, was the unhomeopathicity of the work. But our authors advance the hypothesis that bio-chemistry is a rational explanation of the homeopathic action as propounded by the law of Hahnemann—*Similia similibus curantur*. The devotion with which some people adhere to a preconceived opinion or theory was never better exemplified than in the efforts of homeopathy to absorb every successful agent and enroll it under the banner of *similia*. The authors here suggest that the homeopathicity of the tissue remedies be verified by careful and systematic provings. They seem to have forgotten how much homeopathy has proven and studied sodium chloride in time past, long before the time of Schussler's new theory, and how widely the therapeutic application of that agent with the great light that provings afforded, differs from the directions laid down by Schussler. To particularize, the principal use made of sodium chloride by the orthodox homeopaths in anti-Schussler time was in the treatment of intermittent fever. This in addition to some vague ideas as regards its indications in chronic abdominal diseases associated with deficient menstruation and constipation, and the propositions of Hahnemann, who himself proved it and classed it among the anti-psorics, is the use made of it by the older homeopaths. And it has been proven time and again, Hahnemann's second list of provings containing over thirteen hundred symptoms.

Schussler's indications are almost exactly opposite those given in homeopathic literature as indicated by the provings. He recommends the salt in "headache, toothache, face-ache (neuralgic or rheumatic), pains of indigestion, etc., when accompanied by either flow of saliva or increased secretion of tears, vomiting of water or clear mucus, further, catarrhs of all mucous membranes when a secretion of frothy, watery mucus accompanies it, or watery blisters which burst and leave their crust. The vomiting of water in acute diseases, such as typhus, scarlet fever, small-pox, as well as excess of moisture in the brain substance showing itself in torpor (drowsiness), twitchings, jerkings of the limbs, are all caused by a functional disturbance of the molecules of this salt." (From M. Docetti Walker's translation.)

The sodium sulphate is a remedy of which attempts were made to define its therapeutical uses by Constantine Hering, but a drug of which little if any value was known until Grauvogl, a sort of spurious or go-as-you-please homeopathist, announced it as an important remedy in "hydrogenoid constitutions," where patients are hydræmic and all their symptoms are aggravated by damp weather or situations. Previous to Grauvogl it had been used with doubtful success in this country in high dilutions, in phthisis, chronic diarrhea, flatulence, and sciatica. The only similarity we observe between these uses and Schussler is in diarrheal conditions. Schussler recommends it in watery bilious diarrhea. The following are the general indications given in Walker's translation: "The use of sodium sulphate is indicated in the following conditions of disease: Gastric bilious conditions—vomiting of bile, watery bilious diarrhea, bitter taste in the mouth, bilious fever, intermittent fever with retching and ejection of bile, œdematous inflammation of the skin, smooth erysipelas, moist eruptions of the skin, diabetes, gout, and so on." It is not claimed that Grauvogl's indications were made from provings but from clinical observations, really the true plan of learning drug action.

Our authors have evidently recognized the discrepancies between old homeopathy and the new graft and have rather veiled the clearness of the indications for remedies as laid down in

Walker's translation by their arrangement. The homeopathization, then, of Schussler we must object to, not on the ground of principle so much (though this would be quite a valid one) as that it tends to obscure the clearness of the subject as it was originally presented and interfere with its ready comprehension by the average student, thus rendering the study more laborious and less satisfactory.

We are well pleased with the plan of grouping the clinical reports under separate nosological heads. They are thus readily referred to, an improvement upon all other translations we have seen. The work is well and clearly printed on good paper in octavo size and it thus constitutes a much more pretentious volume than the twelve-month editions heretofore offered and as a production to add to the medical literature of this coast it is creditable, the objectionable feature being the voluminousness of the form of presentation of ideas which Schussler himself presents so simply and yet so clearly.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES. By E. Darwin Hudson, Jr., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume, octavo, 162 pages, nearly 100 illustrations, muslin. Price, \$1.50. New York, William Wood & Co.

This work is the outcome of the author's needs as a teacher in the New York Polyclinic. In 1885 he printed a small book entitled, "Essentials of the Physical Diagnosis of Thoracic Diseases," which was circulated among the members of his class and to a limited extent also among his personal friends. The work was found both convenient and useful, and therefore, by an elaboration of its material, the present volume was prepared.

It is a valuable work for reference both for student and practitioner when referring to the subject of physical diagnosis.

THE INTESTINAL DISEASES OF CHILDHOOD. By A. Jacobi, M. D., President of the New York Academy of Medicine, Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York, etc. Published by Geo. S. Davis, Detroit, Mich.

This is one of the Physicians' Leisure Library Series for 1887, and is a valuable addition to a very cheap and acceptable form of

literature. The intestinal affections of children are fully discussed—their etiology, pathology, and treatment. A valuable portion of the work is the article on foods.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By William A. Hammond, M. D., Surgeon-General U. S. Army (retired list), Professor of Diseases of the Mind and Nervous System at the New York Post Graduate Medical School. Published by Geo. S. Davis, Detroit, Mich.

Several months ago we noticed this work, but after a second reading we desire to again call the attention of our readers to it. The subject is one of so great importance and one so little thought of that every physician should have some mentor to keep him from neglecting so important a subject when investigating the etiology of chronic cases. Certainly not every case of chronic disease springs from wrongs of the reproductive system, but a large share of them most assuredly do, for this system is the one most liable to abuse during the period of development, when impressions made, even upon the physical system, may become lifelong in their influences.

Dr. Hammond's style in dealing with this subject has been criticised by some as imaginative, as novelistic; but we commend the work for the very vividness with which the pictures are drawn. We have had enough experience with human infirmity to believe that nothing he has described is improbable.

Sexuality occupies the foremost ground in the thoughts of the young. Abuses of the sexual functions are the common rule at that age, and their deplorable effects are the consequent entailment in many of the chronic cases coming under the care of the physician. And there is a pronounced mental phase in many of these cases which is not to be overlooked, and for the management of which Dr. Hammond's work will afford many useful hints.

PHYSIOLOGICAL ACTION OF MEDICINES. By Drs. Starr, Walker & Powell; publishers, P. Blakiston Son & Co., Philadelphia.

This work takes up a little over thirty common remedies and gives a brief summary of the physiological action of each. It was compiled ostensibly for the students in the medical depart-

ment of the University of Pennsylvania. We think that not only students but graduates of any school might well procure the work, for its teaching is in the right direction. Price, 75 cents.

RECTAL AND ANAL SURGERY, with a Description of the Secret Methods of the Itinerants. By Edmund Andrews, M. D., LL. D., Professor of Clinical Surgery in Chicago Medical College, Senior Surgeon to Mercy Hospital; and E. Wyllys Andrews, A. M., M. D., Adjunct Professor of Clinical Surgery in the Chicago Medical College, Surgeon to Mercy Hospital, with original illustrations. Published by W. T. Keener, 96 Washington St., Chicago, Ill.

This is a well-written work of one hundred and six octavo pages, neatly and substantially bound in cloth, upon a subject which at the present time is occupying more than the ordinary amount of attention from the profession, and it will prove a valuable addition to the accumulated literature, for the reason that the authors have taken very conservative ground upon some points that have been too generally accepted by many without reserve. A certain amount of conservatism upon every innovation in medicine is commendable, for past experience has taught that almost all new ideas bear material modification after thorough inspection.

However, it must be admitted that almost all there is modern in this work consists of what the authors have chosen to style "the secret methods of the itinerants," or the methods of the "irregulars." Were it not for the discussion of these points the work might as well not have been written, for without them ordinary text-books on surgery could have been consulted with perhaps quite as much profit.

The prejudice in the minds of the authors against "irregulars" and itinerants is so pronounced that it stands out prominently on almost every page and appears in bad taste for teachers in medicine. For those who claim to be truly eclectic, as doubtless these authors will, so much bias against the new because it did not emanate from regular sources appears somewhat inconsistent. Itinerants and "irregulars" have made some mistakes, without doubt, and they no doubt are promulgating some doctrines which will not bear the test of time, but after all what an impetus they gave to the subject of rectal surgery after time-honored medicine had allowed it to almost stand still for centuries!

All our readers can profit by the perusal of this work notwithstanding. It would be a good companion for "Orificial Surgery."

LEDGER OF MONTHLY BALANCES AND INDEX OF ACCOUNTS,
a companion to the "Medical World Visiting List." Published by the
Medical World Co., 1520 Chestnut St., Philadelphia.

This is a very neat and convenient pocket ledger and one which will enable the practitioner to condense his accounts into a very small space very accurately. To those who keep a set of books dating back for some time it will be valuable as an index of outstanding claims on old day-books or pocket memoranda. The publisher of the *World* is enterprising and his publications attest it.